

PUNCHED
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

38683

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY MARICOPA

B. LENGTH OF STAY

IN THIS TOWN IN ARIZONA

2. USUAL RESIDENCE

(WHERE DECEASED LIVED)

IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE ARIZONA

B. COUNTY MARICOPA

C. CITY OR TOWN PHOENIX,

☒ IN CITY LIMITS
☐ OUTSIDE CITY LIMITS

C. CITY OR TOWN PHOENIX,

☒ IN CITY LIMITS
☐ OUTSIDE CITY LIMITS

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 209 W. DOBBINS

D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 209 W. DOBBINS

E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

4. SEX

5. COLOR OR RACE

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

(TYPE OR PRINT)

JOHN

LORENZO

SUMNER

M

CAUC.

MARRIED

6B. NAME OF SPOUSE

AFTON SUMNER

7. DATE OF BIRTH

MONTH DAY YEAR

8. AGE (IN YEARS)

LAST BIRTHDAY

IF UNDER 1 YEAR

MONTHS DAYS

IF UNDER 24 HRS.

HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)

TELEGRAPHER

9B. KIND OF BUSINESS OR INDUSTRY

RAILROAD

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

ILLINOIS

11. CITIZEN OF WHAT COUNTRY?

U.S.A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)

NO

13. SOCIAL SECURITY NO.

708-14-6116

14A. FATHER'S NAME

TIMOTHY SUMNER

14B. BIRTHPLACE (STATE OR COUNTRY)

ILLINOIS

15A. MOTHER'S MAIDEN NAME

MARY BROWN

15B. BIRTHPLACE (STATE OR COUNTRY)

ILLINOIS

16. INFORMANT'S SIGNATURE

ADDRESS

AFTON SUMNER 209 W. DOBBINS

17. DATE OF DEATH

(MONTH)

OCTOBER

(DAY)

2

(YEAR)

1961

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

(A) Arterio sclerosis heart disease

DUE TO (B) Arterio sclerosis

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

—

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM

LIVE ON

1961, AND THAT DEATH OCCURRED AT

(DEGREE OR TITLE)

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL OR CREMATION ☒ REMOVAL ☐

25B. DATE

25C. NAME OF CEMETERY OR CREMATORY

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

26A. DATE REC. BY LOCAL REG.

26B. REGISTRAR'S SIGNATURE

27A. FUNERAL DIRECTOR'S SIGNATURE

27B. ADDRESS

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S CERT. NO.

BLOOMING SOUTH PHOENIX MORTUARY

365